DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington

To:	Maternity Support Services (MSS)/Infant Case Management (ICM) Providers CSO First Steps Social Workers Managed Care Organizations	**Memorandum No: 06-49** **Issued:** June 29, 2006
From:	Douglas Porter, Assistant Secretary Health and Recovery Services Administration (HRSA)	**For information contact** 800.562.3022 or go to: http://maa.dshs.wa.gov/contact/prucontact.asp

Subject: **Maternity Support Services/Infant Case Management: Billing Reminders and Clarification**

The Health and Recovery Services Administration (HRSA) is issuing this memo to provide billing reminders for the Maternity Support Services (MSS) and Infant Case Management (ICM) programs, including:

- Clarification on when to use certain procedure codes;
- Billing requirements for billing one or more units of service; and
- Instruction on utilizing a two-digit place of service code.

Note: There is no change to the maximum allowable fees for the MSS and ICM programs; payment rates will remain at their current levels.

Maximum Allowable Fees

The Maternity Support Services/Infant Case Management fee schedules will remain unchanged to ensure the program remains within its targeted budget.

Visit HRSA's web site at http://maa.dshs.wa.gov. To view a current fee schedule, click on ***Provider Publications/Fee Schedules***, then ***Accept***, then ***Fee Schedules***.

Bill HRSA your usual and customary charge.

Billing Reminder

HRSA does not reimburse the Healthcare Common Procedure Coding System (HCPCS) code T1019 with modifier HD for services performed *in a facility* (i.e. hospital, nursing facility, etc.). Use HCPCS code T1019 with modifier HD only for visits made by a community health worker to deliver services at an **office or at the client's home.**

Maternity Support Services
Billing for MSS

- Bill HRSA using the mother's Patient Identification Code (PIC) found on the DSHS Medical Identification Card.

- MSS providers must have an individual face-to-face contact with the pregnant/post-pregnancy client before billing any of the integrated MSS/ICM services in the fee schedule, **except** for the following *two* performance measures. Neither performance measure is included in the maximum of 60 units that may be billed per maternity cycle. The performance measures are billable only if the required client information has been collected and documented in the client's medical chart:

    - ✓ The Family Planning Performance Measure (procedure code T1023 with modifier HD); and
    - ✓ The Tobacco Cessation Performance Measure (procedure code S9075 with modifier HD).

- If the client refuses further services after the initial face-to-face visit, you may bill HRSA for that initial visit without a signed consent form, as long as the client's refusal is documented in the chart. You may NOT bill HRSA for additional services for that client.

- Travel, charting/documentation time, phone calls and mileage are included in the reimbursement of each MSS procedure code.

- Community health nursing visits, nutrition visits, behavioral health visits, and community health worker visits are subject to the following ***limitations*** per client:

Billing Limitations for MSS Units of Service

One unit of service equals 15 minutes. Providers must see the client for a minimum of 8 minutes in order to bill for one unit of service.

Maximum and Minimum Numbers of Units

- A minimum of 2 units must be provided per day for billed home visits;
- A maximum of 6 units may be billed per day for any combination of disciplines in office or home visits; and
- A maximum of 60 units from all disciplines combined may be billed for office and/or home visits over the maternity cycle. (The "maternity cycle" is the period of time during pregnancy and 60 days post delivery. If the 60th day after delivery occurs on any day other than the last day of the month, then the maternity cycle will extend to the last day of that same month. Otherwise, if the 60th day occurs on the last day of the month, then the maternity cycle is ended on that day.)

- If the mother becomes pregnant again within 12 months from the previous pregnancy, enter the new "Due Date" in field 19 on the HCFA-1500 claim forms for new MSS services. This "resets" the claims processing clock for the new pregnancy.

Updated Covered Codes

Use the most appropriate diagnosis code (such as V22.2) when billing for the following procedure codes:

Procedure Code/ Modifier	Brief Description	Service
T1002 HD	RN services, up to 15 minutes	MSS community health nursing visit
T1023 HD	Screening to determine the appropriatesness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Family Planning Performance Measure
S9075 HD	Smoking cessation treatment	MSS Tobacco Cessation Performance Measure
S9470 HD	Nutritional counseling, dietitian visit*	MSS nutrition visit
96152 HD	Intervene hlth/behave, indiv*	Psychosocial visit
T1019 HD	Personal care services*	Community health worker visit

* One unit = 8 or more minutes, up to 15 minutes. In order to bill for one unit of service, the provider must see the client for a minimum of 8 minutes.

Infant Case Management

What services are covered under ICM?

HRSA reimburses approved providers on a fee-for-service basis for case management under the ICM program. Case management includes:

- Assessing risk and need;
- Reviewing and updating the infant and parent(s) plan for care;
- Referring and linking the client to other agencies; and
- Advocating for the client with other agencies.

The case management activities listed above are covered under the ICM program only when they are:

- Documented in the client's record;
- Performed by a qualified staff person acting within his or her area of expertise; and
- Used according to program design.

Billing for ICM

Bill HRSA for ICM services using the baby's Patient Identification Code as listed on the baby's DSHS Medical Identification Card. **Do not use the mother's PIC.**

- Travel, charting/documentation time, phone calls and mileage are included in the reimbursement rate for ICM.

ICM is considered family-based intervention. Therefore, the infant [and family] are allowed only one Title XIX Targeted Case Manager.

The most common example of duplicate services is the provision of nursing intervention services to families at risk for child abuse and neglect. The duplication occurs because of overlapping services delivered by various agencies utilizing the same federal funds.

NOTE: DSHS contracts with local health jurisdictions, the Department of Health (DOH)/ Children with Special Health Care Needs (CSHCN), and other state agencies to provide services to specific client groups. Some Special Healthcare Needs clients and HIV/AIDS clients receive services from more than one agency.

ICM is provided for the biological parent/newborn meeting eligibility criteria. (Services can be provided from the end of the mother's maternity cycle to the newborn's first birthday.) The following *limitations* per client apply:

Billing Limitations for ICM Units of Service

One unit of service equals 15 minutes. Providers must see the client for a minimum of 8 minutes in order to bill for one unit of service.

Maximum Number of Units

- A maximum of 6 units may be billed per month; and
- A maximum of 40 units may be billed during the 10 months following the maternity cycle

What if the mother becomes pregnant again before ICM ends?

Enter the new "Due Date" in field **19** on the HCFA-1500 claim forms. This "resets" the billing clock for the new pregnancy. All future visits/billing will be for the new pregnancy using MSS procedure codes. You may no longer bill under the infant's PIC number or for ICM codes.

How do you bill for ICM if there was a multiple birth?

ICM is billed using *one* of the infants' PIC numbers. ICM is a family service and must not be billed for each individual infant.

Updated Covered Code

Procedure Code/ Modifier	Diagnosis Code	Description
T1017 HD	V20.1	Targeted Case Management, each 15 minutes

Place of Service

Reminder: Effective July 1, 2006, all claims submitted to HRSA must include the appropriate Medicare **two-digit place of service code.** Claims with a single-digit place of service code will be denied.

National Correct Coding Initiative

HRSA continues to implement the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists HRSA to control improper coding that may lead to inappropriate payment. HRSA bases coding policies on:

- The American Medical Association's (AMA) Current Procedural Terminology (CPT®) manual;
- National and local policies and edits;
- Coding guidelines developed by national professional societies;
- The analysis and review of standard medical and surgical practices; and
- Review of current coding practices.

HRSA may perform a post-pay review on any claim to ensure compliance with NCCI. Visit the NCCI on the web at http://www.cms.hhs.gov/physicians/cciedits.

Billing Instructions Replacement Pages

Attached are updated replacement fee schedule pages B.11 – B.12, and a new Appendix to HRSA's current *Maternity Support Services/Infant Case Management Billing Instructions*. Page B.12 replace the current Fee Schedule. The new Fee Schedule is located in the Appendix. ***(To be attached prior to publication.)***

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at http://wamedweb.acs-inc.com

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at http://maa.dshs.wa.gov (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to: http://www.prt.wa.gov/** (Orders filled daily.)

   a) Click ***General Store***.

   b) If a **Security Alert** screen is displayed, click **OK.**

      i. Select either ***I'm New*** or ***Been Here***.
      ii. If new, fill out the registration and click ***Register***.
      iii. If returning, type your email and password and then click ***Login***.

   c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration.***

   d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications,*** or ***Document Correction***. You will then need to select a year and then select the item by number and title.

2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

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The Maternity Support Services and Infant Case Management Fee Schedule (previously found on pages B.12 – B.14) is now located in the appendix. To view or download the Fee Schedule, click Appendix.

Health & Recovery Services Administration (HRSA)
Maternity Support Services/Infant Case Management
Effective July 1, 2006

Code Status Indicator	Code	Modifier	Comments	Maximum Allowable Office Setting	Maximum Allowable Home Setting
	96152	HD		$25.00	$35.00
	S9075	HD	Performance Measure	$10.00	$10.00
	S9470	HD		$25.00	$35.00
	T1002	HD		$25.00	$35.00
	T1017	HD	Use with diagnosis code V20.1	$20.00	$20.00
	T1019	HD		$14.00	$18.00
	T1023	HD	Performance Measure	$10.00	$10.00

Code Status Indicators
D = Discontinued Code
N = New Code
P = Policy Change
R = Rate Update
# = Not Covered

Modifiers In This Fee Schedule
HD = Pregnant/Parenting Program